

MINNESOTA POLLUTION CONTROL AGENCY HAZARDOUS WASTE DIVISION 520 LAFAYETTE ROAD ST. PAUL, MINNESOTA 55155 ATTN: HWIMS



For MPCA use only

OMB 11 1052 03391998 EXPIRES 9/30/93

UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator's US EPA ID No. K S D Ø Ø 7 2 4 6 8 4 6 Document No.				2. Page 1 Information in shaded area not required by Federa nesota rules require Items H. and I.						
3. Generator's Name and Mailing Address (Also I 2549 N. NEW YORK STREET, WICHITA, from 316 269-7400	mailing address.)	nt	MN	e Manifest Do 351 e Generator's	53	t Number				
4. Generator's Phone () Cou 5. Transporter 1 Company Name	nty: 6. US EPA ID Number		C State	e Transporter	'e ID					
TRI-STATE NOTOR TRANSIT CO. M O D Ø 9 5 Ø 3 8 9 9 8				C. State Transporter's ID D. Transporter's Phone (808) 568-1899						
7. Transporter 2 Company Name	8. US EPA ID Number	2 2 0		e Transporter		0001 200 2000				
	[F. Transporter's Phone								
9. Designated Facility Name and Site Address	10. U.S EPA ID Number		G. Stat	e Facility's ID						
GOPHER RESOURCE CORP.			H. Faci	lity's Phone						
EAGAN, NN 55121-	MND006148		THE RESERVE OF THE PERSON NAMED IN	13.	7451	201				
11. US DOT Description (Including Proper Shipping N		12. Conta	Type	Total Quantity	Unit Wt/Vol	I. Waste No.				
a. R BATTERIES IN RO(EBAD, 10#) ACI	D, (LEAD ACID BATTERIES), 8,	0 2 3	CW	4 2 6 9	5 P	N/R				
b. WASTE BATTERIES, WET FILLED WIT	H ACTO 8 HW2794 TTT					D 0 0 2				
R RQ(10#)	1 NOLD 01 OND 71 1 1 1 1									
c.		003	CW	0,490	5 P	D008				
WASTE BATTERIES, WEY, FILLED WI	TH ACID, 8, UN2794, III		41	1		D 0 0 2				
A		003	DE	0089	o P	D 0 0 8				
J. Additional Descriptions for Materials Listed About Approval a.GOPHER Numbers b.GOPHER c.GOPHER d.	ove	K. Handling Codes for Wastes Listed Above a. M019 b. M019 c. M019 d. Emergency Contact: 800-535-5053 (725-700) Infotrace								
15. Special Handling Instructions and Additional Additional a.	C: LOS TARAST PRETÀ	ency Co	ntact:	800-535-50	153 (7)	25-700) Infotra				
16. GENERATOR'S CERTIFICATION: I hereby declare that are classified, packed, marked, and labeled, and are in a government regulations and all applicable state laws If I am a large quantity generator I certify that I have a proceonomically practicable and that I have selected the practic threat to human health and the environment, or, if I am a sma management method that is available to me and that I can at Printed/Typed Name	all respects in proper condition for transpor and regulations. gram in place to reduce the volume and to able method of treatment, storage or disposa Il quantity generator, I have made a good faitl	t by highwa xicity of wall currently	y accord aste gene available	ling to applicable erated to the de to me which mir	gree I ha nimizes th tion and	ational and national we determined to be ne present and future				
Irina Wilson	Oru	0	U	MOON		0 6 1 2 9 8				
17. Transporter 1 Acknowledgement of Receipt of		7		20		Date Month Day Year				
Printed/Typed Name	Signature	10	111/	b	1	A. / 1 1. 2 Q. 9				
18. Transporter 2 Acknowledgement of Receipt of	f Materials	V	UNX	in		Date				
Printed/Typed Name	Signature		II							
19. Discrepancy Indication Space			F		08710 cords	07 S Center				
20. Facility Owner or Operator: Certification of relatem 19.	eceipt of hazardous materials covere	d by this	manıres	st except as r	noted in	Date				
Printed/Typed Name	May Signature 4000	Her	Ot	My		Month Day Year				

In case of spill or emergency, immediately call the Minnesota Duty Officer (the Minnesota Pollution Control Agency) at 800/422-0798 or 612/649-5451 and the National Response Center at 800/424-8802. Outside Minnesota, call the National Response Center and appropriate state agency.

MINNESOTA POLLUTION CONTROL AGENCY
HAZARDOUS WASTE DIVISION
520 LAFAYETTE ROAD
ST. PAUL, MINNESOTA 55155



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OMB No. 2050-003 EXPIRES 9/30/98

ATTN: HWIMS se TYPE (Form designed for use on elite (12)	-pitch) typewriter) O	r print LEGIBLY. Instruct	ions on c	over p	Committee of the Commit		2050-0039 59/30/98 3	
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's	S US EPA ID No. Ma	anifest ment No.	2. Pag	ge 1 Informat required sota rule	by Fede s require	naded area not eral lan Minne e Items ESP	
3. Generator's Name and Mailing Addre	from mailing	of waste generation if different address.)	ent	MN	te Manifest 56 351 te Generator's	53	nt Number	
4. Generator's Phone (County:							
5. Transporter 1 Company Name	6. US EPA ID Number			C. State Transporter's ID D. Transporter's Phone				
THE SPATE MINES PROMETY CO.		400000000000000000000000000000000000000			insporter's Pho		346 Sec. 1	
7. Transporter 2 Company Name		8. US EPA ID Number			E. State Transporter's ID F. Transporter's Phone			
9. Designated Facility Name and Site A	10. U.S EPA ID Numbe	G. State Facility's ID						
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papers recesses coef.				H. Fa	cility's Phone			
route or bit!		n w n n n n n n i i a e			13.	14.		
11. US DOT Description (Including Proper HM			12. Cont	Type	Total Quantity	Unit Wt/Vol	Waste No	
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C. RESTRIBUTERS RETRIBUTED BY THE STATE OF T		n w amyres 157			10 at 50		0000	
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d.								
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J. Additional Descriptions for Materials	Listed Ahove			K. H	I andling Codes	for Wa	astes Listed A	
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Novies b. TOPREN				17.	160 × 119 180 × 129			
e contin				4				
15. Special Handling Instructions and	Additional Informa	ation page 19441; beer	aunio Vi		· 244-511-51	153 17	74-7901 18	
15. Special Handling Instructions and A	Additional inform			toria, in vivi				
the Codes by the contract the second			1.					
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government regulations and all applicab If I am a large quantity generator I certify tha economically practicable and that I have select threat to human health and the environment, or management method that is available to me an	t I have a program in ed the practicable me , if I am a small quanti d that I can afford.	place to reduce the volume and thod of treatment, storage or disp ty generator, I have made a good fo	toxicity of osal current aith effort to	waste g ly availal minimiz	ellerated to the collecto me which me my waste gene	inimizes ration an	the present and d select the best	
Printed/Typed Name		Signature		11	at de	£0°	Month Day	
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17. Transporter 1 Acknowledgement of Printed/Typed Name	Receipt of Mate	Signature	in makes in		NT BE		Month Day	
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18. Transporter 2 Acknowledgement	of Receipt of Mate	erials			1.00	*****	Date Day	
Printed/Typed Name		Signature					Month Day	
19. Discrepancy Indication Space								
20. Facility Owner or Operator: Certif	ication of receipt	of hazardous materials cove	ered by th	is man	ifest except as	noted	in	
Item 19.							Month Day	
Printed/Typed Name	11/4	Signature		+ 1	1416		11111	





US EPA REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KS 66101